

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 17, 2000

ALL-COUNTY INFORMATION NOTICE NO. I-109-00

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CalWORKS PROGRAM SPECIALISTS  
ALL FOOD STAMP PROGRAM SPECIALISTS

**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: COLLECTION OF FOOD STAMP PROGRAM (FSP) CLAIMS FROM  
SOCIAL SECURITY ADMINISTRATION (SSA) BENEFITS

REFERENCES: ALL COUNTY LETTERS 90-03, 89-99, AND 89-47 AND ALL-  
COUNTY INFORMATION NOTICE I-18-91

The Debt Collection Improvement Act (DCIA) authorizes the collection of SSA benefits to repay debts owed to the Federal Government. It does, however, exempt collecting from Supplemental Security Income, and some other federal benefit programs. In compliance with the DCIA, the Food and Nutrition Service (FNS) has directed FSP to revise the Repayment Notices of Action (DFA 377.7B, 377.7B1, 377.7D, 377.7D1, 377.7D2, 377.7F and 377.7F1 (attached) and to remove the language prohibiting the use of SSA benefits to repay overissuances. Due to the time constraints of implementing the Lomeli v Saenz court decision, counties were issued the revised DFA 377.7B and the new 377.7D3 with ACL 00-59.

If you have any questions regarding this letter, please call Doris Bowers at (916) 654-0710.

Sincerely,

**Original document signed by**

GARY SWANSON, Chief  
Food Stamp Branch

Attachment

# FOOD STAMP REPAYMENT NOTICE FOR INADVERTENT HOUSEHOLD ERRORS ONLY FINAL NOTICE

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Worker Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You or a member of your household made a mistake.  
 We told you before that you must repay the extra Food Stamps that were issued to:

- ☐ You.
- ☐ \_\_\_\_\_, whom you sponsor.

You still owe \$ \_\_\_\_\_.

**Warning:** If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on food stamps the county can lower your food stamps to collect the overissuance. If you go off food stamps before the overissuance is paid back, the county may take what you owe out of your income tax refund.

☐ YOU DID NOT AGREE TO REPAY:

- You can pay in full, or
- You can repay the extra Food Stamps by the terms you agree to on the enclosed Repayment Agreement (DFA 377.7C).
  - Complete, sign and return the enclosed Repayment Agreement.
  - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- You do not have to use any SSI benefits you get to repay this overissuance.
- If this inadvertent household error is later found to be an intentional program violation, penalties will apply even if you agree to pay back what you owe.
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

**Rules:** These rules apply. You may review them at your welfare office: MS 63-801.21

☐ YOU DID NOT REPAY AS AGREED:

- You must tell us when you cannot pay as agreed. You must explain why you cannot pay. You may ask the county to figure a new repayment plan.
  - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7C).
- ☐ If you are getting Food Stamp benefits and you do not return a new Repayment Agreement within 10 days after the date of this notice, your household's benefits will be reduced to \$\_\_\_\_\_ beginning \_\_\_\_\_.
- If you do not pay as agreed and you do not get a new repayment plan, the county may ask that the total amount owed be paid now.
- If this inadvertent household error is later found to be an intentional program violation, penalties will apply even if you agree to pay back what you owe.
- If you do not pay as agreed, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay as agreed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY OF \_\_\_\_\_

# FOOD STAMP REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY

Notice Date : \_\_\_\_\_  
Case : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

**Questions? Ask your Worker.**

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County Welfare Department made a mistake.

Too many Food Stamps were issued to you.

Here's why:

**Warning:** If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on food stamps the county can lower your food stamps to collect the overissuance unless it was the county's fault. If you go off food stamps before the overissuance is paid back, the county may take what you owe out of your income tax refund as allowed by law.

You received \$\_\_\_\_\_ in extra food stamps that were issued for the period \_\_\_\_\_. This amount was reduced by \$\_\_\_\_\_ because we received repayment of part of the amount owed. You now owe \$\_\_\_\_\_.

- You do not have to use any SSI benefits you get to repay this overissuance.

## WE ASK THAT YOU EITHER:

- Pay in full, or
- Sign the Repayment Agreement and pay as agreed.
  - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7E).
  - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.

If you do not sign and return the agreement within 30 days after the date of this notice, we cannot reduce the amount of Food Stamps you get.

However, if you do not agree to pay, the county may use other ways of collecting the amount owed such as permitted by law.

**Rules:** These rules apply. You may review them at your welfare office: MS 63-801.22, 63-801.43, 63-801.7.

## YOUR HEARING RIGHTS

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**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

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**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

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**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

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CITY

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COUNTY OF \_\_\_\_\_

# FOOD STAMP REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY

Notice Date : \_\_\_\_\_  
Case : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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**Warning:** If you think this overissuance is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stay on food stamps, the County can collect the overissuance by lowering your monthly food stamps. If you go off of food stamps before the overissuance is paid back, the county may take what you owe out of your state/federal income tax refund.

**YOU MUST EITHER:**

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  - Sign the Repayment Agreement and pay as agreed.
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    - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- ☐ If you do not sign and return the agreement within 30 days after the date of this notice, the amount of food stamps you get will be reduced to \$\_\_\_\_\_ beginning\_\_\_\_\_.
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
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  - If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

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☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

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 Number : \_\_\_\_\_  
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 Address : \_\_\_\_\_  
 \_\_\_\_\_  
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☐ YOU DID NOT AGREE TO REPAY:

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☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY OF \_\_\_\_\_

# FOOD STAMP REPAYMENT NOTICE FOR AN INTENTIONAL PROGRAM VIOLATION (IPV) OR STATUS CHANGE FROM INADVERTENT HOUSEHOLD ERROR (IHE) TO AN IPV

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** You can ask for a hearing on this action, **unless** you already had a hearing on the **cause** of this overissuance. If you think the new amount of food stamps you owe is incorrect, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You or a member of your household broke a Food Stamp rule on purpose.

Too many Food Stamps were issued to:

- ☐ You.
- ☐ \_\_\_\_\_, whom you sponsor.

Here's why:

- ☐ You have already been told about this overissuance of food stamps and the County may have been giving you less food stamps each month because of it. It has been decided in court or by state administrative hearing that this is an Intentional Program Violation (IPV) or you have signed a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver and this is now an IPV. This notice has information about the amount you now owe, which may be more than the amount you were told about before. The County has been collecting the overissuance at 10% or \$10 (whichever is more) of your monthly allotment. The county can now collect up to 20% or \$10 (whichever is more) of your monthly allotment, so the amount of food stamps that you get may change.

You must repay the extra Food Stamps.

\$\_\_\_\_\_ in extra Food Stamps were issued for the period \_\_\_\_\_.

- ☐ This amount was reduced by \$\_\_\_\_\_ because we owed the household benefits from past months or we received repayment of part of the amount owed.
- ☐ This amount was increased by \$\_\_\_\_\_ because your overissuance has been refigured since it became an IPV.

You now owe \$\_\_\_\_\_.

**Rules:** These rules apply: 63-801.32

You may review them at your welfare office.

YOU MUST EITHER:

- Pay in full, or
- Sign the Repayment Agreement and pay as agreed.
  - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7G).
  - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- ☐ If you do not sign and return the agreement within 30 days after the date of this notice the amount of Food Stamps you get will be reduced by \_\_\_\_\_ beginning \_\_\_\_\_.
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- Even if you agree to pay back what you owe, IPV penalties will apply.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.
- **You do not have to use any SSI benefits you get to repay this overissuance.**

**Warning:** If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on food stamps the county can lower your food stamps to collect the overissuance. If you go off food stamps before the overissuance is paid back, the county may take what you owe out of your income tax refund.

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

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NAME OF PERSON COMPLETING THIS FORM

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NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# FOOD STAMP REPAYMENT NOTICE FOR AN INTENTIONAL PROGRAM VIOLATION (IPV) ONLY FINAL NOTICE

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Worker Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You or a member of your household broke a Food Stamp rule on purpose.  
 We told you before that you must repay the extra Food Stamps that were issued to:

- ☐ You.
- ☐ \_\_\_\_\_, whom you sponsor.

You still owe \$ \_\_\_\_\_.

**Warning:** If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on food stamps the county can lower your food stamps to collect the overissuance. If you go off food stamps before the overissuance is paid back, the county may take what you owe out of your income tax refund.

☐ YOU DID NOT AGREE TO REPAY:

- You can pay in full, or
- You can repay the extra Food Stamps by the terms you agree to on the enclosed Repayment Agreement (DFA 377.7G).
  - Complete, sign and return the enclosed Repayment Agreement.
  - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- You do not have to use any SSI benefits you get to repay this overissuance.
- Even if you agree to pay back what you owe, IPV penalties will apply.
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

**Rules:** These rules apply. You may review them at your welfare office: MS 63-801.32

☐ YOU DID NOT REPAY AS AGREED:

- You must tell us when you cannot pay as agreed. You must explain why you cannot pay. You may ask the county to figure a new repayment plan.
  - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7G).
- ☐ If you are getting Food Stamp benefits and you do not return a new Repayment Agreement within 10 days after the date of this notice, your household's benefits will be reduced to \$\_\_\_\_\_ beginning \_\_\_\_\_.
- If you do not pay as agreed and you do not get a new repayment plan, the county may ask that the total amount owed be paid now.
- Even if you agree to pay back what you owe, IPV penalties will apply.
- If you do not pay as agreed, the county may use other ways of collecting the amount owed such as through the courts.
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Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

**Welfare to Work:**

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

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☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ **If you need more space, check here and add a page.**
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